

<i>SERFF Tracking Number:</i>	<i>CNNA-125491530</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CFIP-08-6002-AR</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1002 Businessowners</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>CFIP-08-6002-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CFIP-08-6002-AR

SERFF Tr Num: CNNA-125491530 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed

State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1002 Businessowners

Co Tr Num: CFIP-08-6002-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Sharon Grubbs

Disposition Date: 02/28/2008

Date Submitted: 02/18/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/28/2008

State Status Changed: 02/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by June 1, 2008, for the software to be mailed to our agents on July 1, 2008, for the effective date of September 1, 2008.

Your approval is respectfully requested for use on policies effective on or after September 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst
6200 S. Gilmore Road
Fairfield, OH 45014

sharon_grubbs@cinfin.com
(513) 870-2091 [Phone]

Filing Company Information

The Cincinnati Insurance Company
6200 S. Gilmore Road
Fairfield, OH 45014
(513) 870-2000 ext. [Phone]

CoCode: 10677
Group Code: 244
Group Name:
FEIN Number: 31-0542366

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	02/18/2008	18021102

SERFF Tracking Number:	CNNA-125491530	State:	Arkansas
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TOI:	05.1 Commercial Multi-Peril - Non-Liability Portion Only	Sub-TOI:	05.1002 Businessowners
Product Name:	CFIP-08-6002-AR		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/28/2008	02/28/2008

<i>SERFF Tracking Number:</i>	<i>CNNA-125491530</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CFIP-08-6002-AR</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1002 Businessowners</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>CFIP-08-6002-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/28/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125491530 State: Arkansas

Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CFIP-08-6002-AR

TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only

Product Name: CFIP-08-6002-AR

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	DESCRIPTION OF REVISIONS FN 201 11 07	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	FINANCIAL INSTITUTIONS COVERAGE ENHANCEMENT	Approved	Yes
Form	MORTGAGE INTEREST APPLICATION	Approved	Yes

SERFF Tracking Number: CNNA-125491530 State: Arkansas

Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CFIP-08-6002-AR

TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only

Product Name: CFIP-08-6002-AR

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FINANCIAL INSTITUTIONS COVERAGE ENHANCEMENT	FN 201	11 07	Policy/Coverage Form Replaced	Replaced Form #:0.00 FN 201 04 04 Previous Filing #: CFIP-04-6005-AR		FN201 11-07.pdf
Approved	MORTGAGE INTEREST APPLICATION	IN 005	06 05	Application/Withdrawn Binder/Enrollment	Replaced Form #:0.00 Previous Filing #: CFIP-05-6000-AR		IN005 06-05.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FINANCIAL INSTITUTIONS COVERAGE ENHANCEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

SCHEDULE

Additional Coverage	Limit of Insurance (per occurrence)
Fire Department Service Charge	\$15,000
Fire Protection Equipment Recharge	\$50,000
Inventory or Appraisal	\$25,000
Key and Lock Expense	\$25,000
Pollutant Clean Up and Removal	\$25,000
Rewards	\$25,000
Coverage Extension	Limit of Insurance (per occurrence)
Any Other Location	\$25,000
Business Income and Extra Expense	\$35,000
Fairs or Exhibitions	\$25,000
Fungi, Wet Rot, Dry Rot, and Bacteria - Limited Coverage	\$25,000
Loss Prevention Expenses	\$25,000
Mobile Communication Equipment	\$10,000
Outdoor Property	\$10,000
Transportation	\$25,000

I. SECTION A. COVERAGE, Paragraph 1. Covered Property is amended as follows:

A. Building - Expanded Coverage

Paragraph **a. Building** also includes:

1. Glass (in addition to permanently installed building glass),
2. Vaults,
3. Night depositories, and
4. Automated teller machines.

B. Business Personal Property Improvements and Betterments - Expanded Coverage

Paragraph **d. Business Personal Property**; sub-paragraph **(6)** improvements and betterments includes the following fixtures, alterations, installations or additions:

1. Glass (including permanently installed building glass),
2. Vaults,
3. Night depositories, and
4. Automated teller machines.

II. SECTION A. COVERAGE, Paragraph 4. Additional Coverages is amended as follows:

The Limits of Insurance in the Commercial Property Coverage Part applicable to the Additional Coverages listed in the Schedule of this endorsement are amended to the Limits of Insurance stated in the Schedule of this endorsement.

III. SECTION A. COVERAGE, Paragraph 5. Coverage Extensions is amended as follows:

A. The Limits of Insurance in the Commercial Property Coverage Part applicable to the Coverage Extensions listed in the Schedule of this endorsement are amended to the Limits of Insurance stated in the Schedule of this endorsement.

B. The following Coverage Extensions are added:

1. Any Other Location

- a.** We will pay for direct physical "loss" caused by or resulting from any Covered Cause of Loss to your Covered Property as described in **SECTION A. COVERAGE, 1. Covered Property**, Paragraphs **a.** and **d.**, except buildings or structures at locations not specified in the Declarations, not to exceed the Limit of Insurance for Any Other

Location stated in the Schedule of this endorsement.

- b. This Coverage Extension does not apply to:

(1) Covered Property insured under the following Coverage Extensions:

- (a) Fairs or Exhibitions;
- (b) Newly Acquired or Constructed Property;
- (c) Property Off Premises; or
- (d) Transportation; or

(2) Property at a newly acquired location; or

(3) Property at a job site or temporarily warehoused elsewhere awaiting installation at a job site.

- c. The Limit of Insurance provided by this Coverage Extension does not apply per location.

2. Loss Prevention Expenses

- a. We will pay the reasonable and necessary costs you incur to protect Covered Property at the "premises" from imminent direct physical "loss" caused by or resulting from a Covered Cause of Loss, not to exceed the applicable Limit of Insurance for Loss Prevention Expenses shown in the Schedule of this endorsement.
- b. To the extent possible, you must notify us of your intent to incur such cost before you take any loss prevention action. In any event, you must notify us within forty-eight (48) hours after you have taken any loss prevention action.

3. Mobile Communication Equipment

- a. We will pay for direct physical "loss" to "mobile communication equipment" caused by or resulting from a Covered Cause of Loss, not to exceed the applicable Limit of Insurance for Mobile Communication Equipment shown in the Schedule of this endorsement.

- b. This Coverage Extension does not apply to "mobile communication equipment":

(1) At or within 1,000 feet of a "premises"; or

(2) Insured under any other Coverage Extension.

C. Newly Acquired or Constructed Property - Limitation

Coverage Extension, i. **Newly Acquired or Constructed Property** does not apply to buildings or business personal property you acquire in any trust, guardianship or estate for which you are acting in a fiduciary capacity or which is acquired by repossession, foreclosure, deed in lieu of foreclosure or as mortgagee in possession.

IV. SECTION G. DEFINITIONS is amended to include the following:

"Mobile communication equipment" means:

- a. Cellular telephone;
- b. Laptop or notebook computers;
- c. Pagers;
- d. Personal digital assistants;
- e. Mobile handheld global positioning systems; and
- f. Other handheld communication devices.

MORTGAGE INTEREST APPLICATION**THE CINCINNATI INSURANCE COMPANY
CINCINNATI, OHIO**☐ ISSUE☐ BINDER AGENCY: _____
Code Number _____☐ RENEWAL OF: _____ DATE: _____**I. A. NAME OF APPLICANT AND MAILING ADDRESS:**

B. POLICY PERIOD: From _____ To: _____

☐ 1 year
☐ 3 year
☐ 5 year

C. PAYABLE ☐ Annual ☐ Semi-Annual ☐ Quarterly

II. GENERAL INFORMATION SECTION

- A. Has any insurance company cancelled, declined, or refused to renew any form of coverage requested in the past three years? **This question is not applicable in Missouri.**
☐ Yes ☐ No If "Yes," please explain: _____
- B. Name of previous insurer: _____ Policy Number _____
- C. Has the Applicant been criticized for violations dealing with compliance with hazard insurance regulations?
☐ Yes ☐ No If "Yes," please explain: _____
- D. Is the applicant aware of any circumstances which would cause a loss under this insurance or have any losses occurred?
☐ Yes ☐ No If "Yes," please explain: _____
- E. Does the Applicant maintain a full-time insurance department of not less than two persons whose duties shall include supervision of insurance on mortgaged properties? ☐ Yes ☐ No

III. MORTGAGE HOLDERS INTEREST - COVERAGE A**MORTGAGE HOLDERS LIABILITY - COVERAGE C****REAL ESTATE TAX LIABILITY - COVERAGE D**

- A. Show the number of mortgages and the largest single mortgage balance:

	NUMBER	LARGEST SINGLE MORTGAGE
* TYPE A MORTGAGES		
Residential		\$
Commercial		\$
Total		\$
** TYPE B MORTGAGES		
Residential		\$
Commercial		\$
Total		\$

- * **TYPE A -** Mortgages for which the Applicant retains the mortgagor's original hazard policy and renewals.
** **TYPE B -** Mortgages for which the Applicant confirms at closing that mortgagor has valid hazard insurance, but Applicant does not retain the mortgagor's original hazard policy.

B. Does Item **III.A.** include mortgages serviced by others; serviced for others; participating?

☐ Yes ☐ No

If "Yes," please explain and attach a copy of the service agreements or participation contract: _____

C. What perils does the Applicant require to be covered by hazard insurance? _____

D. Does the Applicant's hazard insurance checklist require the following? (Attach a copy of the procedure checklist.)

Yes No

☐ ☐ That perils insured against match those required in the mortgage agreement or are broader?

☐ ☐ That the amount of insurance is at least equal to the mortgage balance?

☐ ☐ That the Applicant be named in a standard mortgagee clause on the hazard insurance policy?

☐ ☐ That the hazard insurance be written with a financially sound insurer?

E. What is the procedure when the Applicant becomes aware that the required hazard insurance is no longer in effect? _____

F. TYPE A MORTGAGES - Does the Applicant retain the mortgagor's original hazard policy and renewals?

☐ Yes ☐ No

G. TYPE B MORTGAGES

1. Does the Applicant send annual reminders to the mortgagor to maintain valid hazard insurance?

☐ Yes ☐ No

2. Does the Applicant keep documentation in each mortgage file that the mortgagor has fulfilled each requirement in the procedure checklist?

☐ Yes ☐ No

IV. PROPERTY OWNED OR HELD IN TRUST - COVERAGE B

For properties the Applicant owns or for which they have a fiduciary interest as trustee or otherwise:

A. What position and department of the Applicant is responsible for procuring and maintaining valid hazard insurance? _____

B. What perils does the Applicant require to be covered by the hazard policy? _____

C. Number of trusts? _____

V. LIMITS OF INSURANCE

Indicate the limits of insurance requested:

COVERAGE A MORTGAGE HOLDERS INTEREST

* TYPE A MORTGAGES

\$ _____ per mortgage

** TYPE B MORTGAGES

\$ _____ per mortgage

COMBINED TYPE A AND TYPE B MORTGAGES

\$ _____ per occurrence

COVERAGE B PROPERTY OWNED OR HELD IN TRUST

\$ _____ per trust

\$ _____ per occurrence

COVERAGE C MORTGAGE HOLDERS LIABILITY

same as Coverage A per occurrence

COVERAGE D REAL ESTATE TAX LIABILITY

15% of Coverage A Per Mortgage Limit

DEDUCTIBLE: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ Other \$ _____

VI. OPTIONAL COVERAGES

The following optional coverages are desired:

Yes No

☐☐

A. Flood Coverage (applicable to Coverage A only) If "Yes," answer the following:

1. Does the Applicant:

Yes No

a. Require flood insurance on all properties located in a designated flood zone?

☐☐

b. Require in the mortgage agreement that flood insurance be maintained?

☐☐

c. Confirm at the closing of a mortgage that valid flood insurance is in effect?

☐☐

d. Send annual reminders to the mortgagor to maintain flood insurance?

☐☐

e. Require that the Applicant be named as a mortgagee on the flood insurance policy?

☐☐

2. Number of mortgages requiring flood insurance? _____

3. Limit of Insurance: \$ _____ per occurrence

☐☐

B. Mortgagee Life and Disability Legal Liability If "Yes," answer the following:

1. Number of mortgages for which the Applicant escrows premiums for mortgage life and disability insurance? \$ _____

2. Limit of Insurance \$ _____ per claim

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS (VT: MAY BE COMMITTING A CRIME SUBJECTING) THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Applicant's Signature

Date

Agent's Signature

Date

Agency and Code Number

Agent's Name and License Number (Florida only)

<i>SERFF Tracking Number:</i>	<i>CNNA-125491530</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CFIP-08-6002-AR</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1002 Businessowners</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>CFIP-08-6002-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125491530 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CFIP-08-6002-AR
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only
Product Name: CFIP-08-6002-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 02/28/2008
Comments:
PROPERTY AND CASUALTY TRANSMITTAL
Attachment:
F777AR_307.pdf

Satisfied -Name: FORM FILING SCHEDULE
Review Status: Approved 02/28/2008
Comments:
FORM FILING SCHEDULE
Attachment:
F778AR_307.pdf

Satisfied -Name: DESCRIPTION OF REVISIONS FN
201 11 07
Review Status: Approved 02/28/2008
Comments:
DESCRIPTION OF REVISION TO FORM FN 201 11 07
Attachment:
Description of Revisions FN 201 11 07.pdf

Satisfied -Name: MEMORANDUM
Review Status: Approved 02/28/2008
Comments:
MEMORANUM
Attachment:
MEMOF.pdf

Property & Casualty Transmittal Document

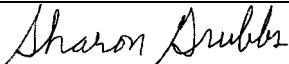
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CFIP-08-6002-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Sharon Grubbs 6200 South Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-870-2097	sharon_grubbs@cinfina.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	FINANCIAL INSTITUTIONS
10. Sub-Type of Insurance (Sub-TOI)	FINANCIAL INSTITUTIONS
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/08 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	02/18/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CFIP-08-6002-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT FILING FEE Amount: \$50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CFIP-08-6002-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		CFIP-08-6001-AR		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	FINANCIAL INSTITUTIONS COVERAGE ENHANCEMENT	FN 201 11 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FN 201 04 04	CFIP-04-6005-AR
02	MORTGAGE INTEREST APPLICATION	IN 005 06 05	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	-----	CFIP-05-6000-AR
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FINANCIAL INSTITUTIONS COVERAGE ENHANCEMENT, FN 201 11 07 – DESCRIPTION OF REVISIONS

Section	Revision	Effect	<u>Broadening Restriction Clarification</u>
Section II.	<p>The following Additional Coverages in Section A. Coverage, Paragraph 4. of the base Coverage Part have had their limits of insurance increased as follows:</p> <ul style="list-style-type: none"> o Fire Protection Equipment Recharge: \$25,000 to \$50,000 o Inventory or Appraisal: \$10,000 to \$25,000 o Key & Lock Expense: \$1,000 to \$25,000 o Pollutant clean Up and Removal: \$10,000 to \$25,000 o Rewards: \$10,000 to \$25,000 	Broadens coverage.	B
Section III.	<p>The following new Coverage Extensions have been added to Section A. Coverage, paragraph 5. of the base Coverage part:</p> <ul style="list-style-type: none"> o Any Other Location: \$25,000 o Loss Prevention Expenses: \$25,000 o Mobile Communication Equipment: \$10,000 	Broadens coverage.	B
	<p>The following Coverage Extensions in Section A., Paragraph 5. of the base Coverage Part have had their limits of insurance increased as follows:</p> <ul style="list-style-type: none"> o Fairs or Exhibitions: \$10,000 to \$25,000 o Fungi, Wet Rot, Dry Rot, & Bacteria: \$15,000 to \$25,000 o Transportation: \$10,000 to \$25,000 	Broadens coverage.	B
Section IV.	Added definition of “mobile communication property” to Section G. Definitions of the base Coverage Part.	Broadens coverage, as this definition is used in the new Coverage Extension for this type of property.	B

**ARKANSAS
FINANCIAL INSTITUTIONS PACKAGE PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
FN 201 11 07	FN 201 04 04	FINANCIAL INSTITUTIONS COVERAGE ENHANCEMENT
-----	IN 005 06 05	MORTGAGE INTEREST APPLICATION This application is being replaced by Mortgage Holder's Insurance Coverage Application FA 004 which is being filed under Division Five - Commercial Property.